

**NUTRITION RECORD REVIEW WORKSHEET FOR P, B, N**

Reporting Fiscal Year: 2010

LOCAL WIC PROVIDER NAME:

MONITOR DATES:

WIC STAFF:

**Scope of Work reference sections 2.0, 5.0, and 7.0**

DESCRIPTION	Indicate Repeat Finding with X	ER#	Y, N	HR Prenatal	Y, N	Prenatal (Optional)	Y, N	Post-partum	Y, N	Breast-feeding	Y,N	Optional
<b>I. CERTIFICATION</b>												
<b>A. Participant Record</b>												
1. State ID		3.02600										
2. Date of birth		3.01700										
3. Certification date		--										
4. Risk factors		2.02800										
a. CPA-assigned risk factors are appropriate.		2.02800										
b. Supporting documentation is on file.		2.02800										
4. Postpartum bloodwork collected at 4-6 weeks.		2.02800										
<b>B. VENA</b>												
1. VENA form scanned to participant record.		2.02850										
2. VENA reviewed by CPA within 60 days, or 30 days for high risk.		2.01650, HNAH										
<b>C. High Risk Care Plan</b>												
1. Care plan completed - all areas of SOAP note completed		2.02900										
2. At least one high risk nutrition education contact provided by nutritionist each certification period		2.06100, 2.02900, SOW 9.2.2.1, 5.1.1										
<b>D. Medical Documentation</b>												
1. State form used and completed appropriately.		2.07000, 2.07900										
a. State form scanned.		2.07000, 2.07900, 2.02850										
2. Health Care Provider request signed/dated.		2.07000, 2.07900										
3. Appropriate local agency approval documented.		2.07000, 2.07900										
4. Foods issued are what is prescribed on form.		2.07000, 2.07900										
5. Issuance of formula is within approval time frame.		2.07000, 2.07900										

Missouri Department of Health and Senior Services  
WIC and Nutrition Services

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6. Whole milk, tofu and cheese is issued appropriately.		2.07900										
<b>E. Food Package</b>												
1. Food Package is appropriate.		2.07000, 2.07600, 2.07800, 2.07900, 2.06950, 2.08100										
<b>II. NUTRITION EDUCATION</b>												
<b>A. Nutrition Education Documentation</b>												
1. Nutrition education appropriate to risk		2.06100										
2. Appropriate nutrition/health goal written		HNAH										
3. NE contact code (Exit Counseling) recorded		2.06500										
4. Missed/refused nutrition education documented for prior certification period		2.06100										
5. Two nutrition education contacts for prior certification period		2.06100										
6. Referrals recorded correctly		1.01800										
<b>III. CYCLE</b>												
<b>A. Monthly, Bi-Monthly, or Tri-Monthly</b>												
1. Cycle is appropriate for risk factors.		3.08100										
2. Appropriate staff assigned cycle.		3.08100										